

1475

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 722

Registrar's No. 9

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma Gen Hosp
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 6 mos; In Arizona 6 mos
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma
(If outside city limits also write RURAL)

(d) Street No. 926 3rd Ave (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME John Alcala Jr (b) If Veteran no (c) Social Security No. none

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, yrs. _____

7. Birthdate of deceased July 1 1943
(Month) (Day) (Year)

8. AGE: Years 6 Months 4 Days 4 If less than one day _____ hrs. _____ min. _____

9. Birthplace Yuma Arizona
(City, town or county) (State or Country)

10. Usual Occupation Child

11. Industry or Business Home

12. Name John Alcala
Father { 13. Birthplace Yuma Arizona
(City, town or county) (State or Country)

14. Maiden Name Mercedes Dumitro
Mother { 15. Birthplace Yuma Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Mercedes Alcala
(b) Address 956 2nd Ave Yuma, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date Jan 10 1944

18. (a) Embalmer's Signature The Golden Mortuary
(b) Funeral Director Yuma, Arizona
(c) Address Yuma, Arizona

19. (a) Jan 10 1944
(b) Mary A. Whippleman
(Date received Local Registrar) (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Jan 5 1944
TIME (Hour and minute) 12:05 P M.

21. I hereby certify that I attended the deceased from Dec 30, 1943, to Jan 5, 1944;
that I last saw him alive on Jan 5, 1944,
and that death occurred on the date and hour stated above.
Immediate cause of death Double Lobar Pneumonia
Due to Diarrhea
Due to Feeding difficulties
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Stable Stinger M. D.
Address Yuma, Ariz. Date signed 1-8-44

DURATION 7 days

PHYSICIAN
Underline the cause to which death should be charged statistically